Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
FEE TRANSMITTAL					Application Number 10/51		/519,601		
E EV 2000					Filing Date 9/16/2005		)5		
For FY 2008					First Named Inventor Mathijs T.		Γ. W. Van De Ven		
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name		Chandrika Prasad		
TOTAL AMOUNT OF PAYMENT (C) 460					Art Unit 2839				
TOTAL AMOUNT OF PAYMENT (\$) 460					Attorney Docket 3135 - 048013				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES SEARCH F					EXAMINATION FEES			
	Small Entity Sm			ll Entity	ntity Small Entity				
Application Type	Fee (\$)	Fee (\$)	Fee (\$) F	<u>'ee (\$)</u>	Fee (\$)	Fee (\$)	Fees	<u> Paid (\$)</u>	
Utility	310	75	510	255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0	***************************************		
2 EVOROG OV AVV PRIPO									
Fee Description Fee (\$)								Small Entity Fee (\$)	
Each claim over 20 (including Reissues) 50								25	
Each independent claim over 3 (including Reissues) 210								105	
Multiple dependent claims 370							185		
<u>Total Claims - 2</u>	0 or HP	Extra Cla	ims Fee (	<u>\$)</u>	Fee Paid (\$)		Multiple D	ependent Claims	
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims - 3	or HP	<u>Extra Cla</u>	<u>ims</u> <u>Fee</u> (		Fee Paid (\$)				
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under  37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof.  See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
-100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S)  Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Petition for Extension of Time (2-mos.)								\$460	
SUBMITTED BY									
Registration No.									
	(Attorney/Agent)								
Name (Print/Type)	John W.	McIlvaine					Date Jun	e 16, 2008	